

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2010-03-08
Date of Last Change to Activities: 2012-06-21
Investment Auto Submission Date: 2012-02-27
Date of Last Investment Detail Update: 2011-09-16
Date of Last Exhibit 300A Update: 2012-02-27
Date of Last Revision: 2012-08-14

Agency: 029 - Department of Veterans Affairs **Bureau:** 00 - Agency-Wide Activity

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: Medical 21st Century TeleHealth

2. Unique Investment Identifier (Ull): 029-555555110

Section B: Investment Detail

- Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

Medical 21st Century Telehealth supports and develops new venues for telehealth services, and grows its' usage within two transformational initiatives: 'VA New Models of Healthcare - Virtual Medicine' and 'Enhancing the Veteran Experience and Access to Healthcare'. The investments focus on growing Home Telehealth (HT), Clinical Video Telehealth (CVT), and Store-and-Forward Telehealth (SFT) requirements. HT uses health informatics, disease management and HT technologies to support the care/case management of Veteran patients with chronic conditions (e.g. diabetes and chronic heart failure) in their homes. HT has demonstrated reduced hospital admissions, clinic and emergency room visits. CVT uses real-time interactive video conferencing to access, treat and provide care to a patient remotely via clinician consultations among clinics and hospitals. SFT is defined as the use of technologies to acquire and store clinical information (e.g. data, image, sound, and video) that is for a provider at another location for clinical evaluation. New models are being developed for dermatology, macular degeneration, glaucoma, pathology and wound Care. CVT and SFT increases Veteran access to scarce healthcare specialists, reduces unnecessary travel, and increases continuity of care. The National Teleradiology Program (NTP) addresses an urgent need to supplement and augment local radiologic services to provide final study interpretations, more accurate and timely services, insure patient information privacy and security, and provide access to subspecialty services for all healthcare facilities. Project

ARCH (Access Received Closer to Home) will pilot programs to improve access to care for eligible Veterans by developing contractual arrangements with community non-VA providers. Project ARCH will occur in VISNs 1, 6, 15, 18 and 19. Anticipated benefits of the adoption of Telehealth are that it will: (1) Connect Veterans with VA's services by integrating multiple Telehealth modalities into routine care and expand access to their preferred site(s) of care delivery, support shared decision-making, promote patient self management and offer just-in-time care, and (2) demonstrate VHA's ongoing national leadership as a "trail-blazer" of future evolutionary models of care to the wider federal and non-federal health care communities. Telehealth depends upon the following investments: Medical Legacy, Medical 21st Century Development Core, My HealtheVet and Medical IT Support.

2. How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.

Demographic and geographic factors pose unique challenges to VHA in meeting its mission. Aging Veterans and those from rural areas have difficulties with accessing VA services, when they are wholly provided from fixed physical assets such as VA Medical Centers (VAMCs) community based outpatient clinics (CBOCs) and VET Centers. Medical 21st Century Telehealth will continue to close these gaps in support of the Virtual Medicine effort of the VA 'New Models of Healthcare and the 'Enhancing the Veteran Experience and Access to Healthcare' major initiatives. HT will continue to increase patient care coordination, reduce hospital admissions, clinic and emergency room visits, and increase patient satisfaction. If unfunded, Veteran patients will be required to travel more often for services and decreased opportunity for Veteran patients to live independently in their homes. Patients with chronic conditions will be at higher risk. CVT and SFT remove the gap of distance and time by allowing care and consultation between clinics and hospitals, and hospitals and other hospitals. CVT will provide access to specialty services for Veterans that can benefit from real-time interactive video between the patient and provider. SFT addresses a gap of providing consultation to VHA sites in need of specialty expertise. If CVT and/or SFT are unfunded, there will be decreased access to specialist consultations, decreased access to primary and ambulatory care, increased waiting times, increased fee base care costs, and increases in Veteran travel. The National Teleradiology Program addresses an urgent need to supplement and augment local radiologic services to provide final study interpretations, more accurate and timely services, insure patient information privacy and security, and provide access to subspecialty services for all VHA facilities. VA has also faced a shortage of radiologists nationwide. If unfunded, Veteran patients will face longer wait times and decreased access to radiology services. VHA Facilities may be required to enter costly contracts with third-party vendors. Within the EVEAH investment, Project ARCH intends to improve access to care for eligible Veterans by developing contractual arrangements with community non-VA providers. Since Project ARCH eligibility criteria is complicated, it was critical to develop an automated eligibility solution to successfully identify Project ARCH eligible Veterans.

3. Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.

Telehealth Medical 21st Century accomplishments for FY11 include Home Telehealth

Capability Enhancements (HTCE), which benefits the veteran by setting the foundation to increase capacity benefits by 50% annually. The target customer of this functionality is the Care Coordinators in all VAMC's. Telemedicine (SF) infrastructure and VistA development provided telemedicine capabilities to clinicians to increase access to healthcare specialists, reduce unnecessary travel, and increase continuity of care, delivering patient images to clinicians from any VA facility that acquired them. SF provided the Veteran with telepathology and teleaudiology functionality in FY11, enabling a less difficult setup of the TeleReader application for clinical specialties performing store and forward telemedicine reading services and facilitating teledermatology services to the Veteran.

4. Provide a list of planned accomplishments for current year (CY) and budget year (BY).

In the CY, Telehealth's planned accomplishments include HT enhancements to the Inventory Tracker module of Integrated Home Telehealth Application (IHTA). An additional census data extract for the Denver Acquisition & Logistics Center will be produced, and a new report will be developed for the Office of Telehealth Services that will display patient compliance statistics at the facility, VISN and national level for each Home Telehealth vendor to ensure the most successful possible home telehealth outcome to the Veteran. Additionally, first versions of a Disease Management Protocol (DMP) Development tool (to manage the creation and distribution of standardized DMPs), and a Care Coordinator's Common Web Interface (to allow clinical staff to view all patient data from multiple vendors in one place) will be developed. SF plans to provide the Veteran with telepathology and teleaudiology functionality. Image annotation enhancements will be introduced within VistA Imaging to support SF applications benefiting SF consultations, a telepathology prototype for the business Subject Matter Experts will be developed to analyze scarce medical specialty Veteran consultation services, and collaborative work with the Office of Telemedicine Services (OTS) will be conducted to integrate VistA Imaging telereader with OTS' data cube service to better utilize resource allocation for specialty expertise required later in BY. CVT will begin requirements analysis and development. In the BY, HT Capability Enhancements will include version 2 of the DMP Development tool, version 2 of the Care Coordinator's Common Web Interface, version 1 of the Veteran's Common Web Interface (to allow veterans one seamless way to interact with VA in transmitting their Home Telehealth data), and additional enhancements to Census and Survey reporting. CVT will coordinate and complete infrastructure upgrades necessary to provide two simultaneous CVT Telehealth sessions for each Community-based Outpatient Center and will also develop Interfaculty Scheduling technical requirements and interactive examples of functionality. Project ARCH will continue to make enhancements begun in CY to the Electronic Patient Record in order to assist front line staff with identifying Veterans who are eligible for the project, collecting utilization data and reporting, and accurately assess its' effectiveness.

5. Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.

2009-06-10

Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding

	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	\$0.0	\$1.7	\$1.2	\$1.2
DME (Excluding Planning) Costs:	\$15.1	\$14.3	\$12.8	\$12.7
DME (Including Planning) Govt. FTEs:	\$0.4	\$0.9	\$0.8	\$0.7
Sub-Total DME (Including Govt. FTE):	\$15.5	\$16.9	\$14.8	\$14.6
O & M Costs:	\$1.7	\$0.7	\$2.5	\$1.9
O & M Govt. FTEs:	\$0.1	\$0.0	\$0.0	\$0.1
Sub-Total O & M Costs (Including Govt. FTE):	\$1.8	\$0.7	\$2.5	\$2.0
Total Cost (Including Govt. FTE):	\$17.3	\$17.6	\$17.3	\$16.6
Total Govt. FTE costs:	\$0.5	\$0.9	\$0.8	\$0.8
# of FTE rep by costs:	4	7	7	7
Total change from prior year final President's Budget (\$)		\$-4.2	\$0.2	
Total change from prior year final President's Budget (%)		-19.24%	1.01%	

2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

The reduction in PY funding levels was due to validation of actual versus estimated NTP dedicated expenses, in combination with local infrastructure improvements at facilities hosting reading centers. The increase of CY funding was due to the validation of actual versus estimated Telehealth expenses.

Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy

Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded	4735	GST0309DS6076	GS35F0323J	4730							
Awarded		V0003	V200P1757	3600							
Awarded		V0002	V200P1754	3600							
Awarded	3600	VA11810F0002	GS35F0323J	4730							
Awarded		VA11811P0018									
Awarded	3600	V200P1754	GS35F0600J	4730							
Awarded	3600	VA11811P0027									

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

Row 5 - VA11811P0018: Firm Fixed Price contract

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-06-21

Section B: Project Execution Data

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1101130614	Access Received Closer To Home (ARCH) Automated Eligibility Determination	The Veterans' Mental Health And Other Care Improvements Act Of 2008, Section 403, Public Law 110-387 mandates that the Department of Veterans Affairs (VA) conduct a pilot program over three years for contract care of eligible Veterans in selected Veterans Integrated Service Networks (VISNs). In response to this mandate, The Office of Policy Analysis within the Office of the Assistant Deputy Under Secretary for Health for Policy and Planning (ADUSH/PP), which is responsible for implementing this pilot, established a New Service Request(NSR)entitled Project Access Received Closer to Home (ARCH) Automated Eligibility Determination. A Business Requirements Document describing the business case and desired functionality for this NSR was signed by business owners on December 1, 2010. The			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		Enhancing Veteran Experience and Access to Healthcare (EVEAH) Operating Plan for Fiscal Year (FY) 11-13 reflects this mandate and further supports action on the NSR. IT Patient Safety also evaluated this request and suggested that it be considered mandatory. The pilot program is scheduled for implementation between the second and third quarters of FY11.			
1103310606	Home TeleHealth (HT) Capabilities Enhancements	The Home Telehealth program is putting medical devices in patient homes to improve the quality of care and standard of living for veterans by reducing hospital admissions, clinic visits and emergency room attendances. HT programs are targeted at the 2-3% of patients who utilize 30% of costs and are frequent clinic attendees and require urgent hospital admissions. HT assists patients that are unable to access traditional VA medical facilities due to proximity issues and/or disabilities. The HT program aims to improve care for patients with chronic conditions that can benefit from more frequent monitoring. The overall benefits are better level health with fewer emergencies, happier patients, and lower costs.			
1003150603	National Teleradiology Program	This project is to provide continued support for the national implementation of VHAs teleradiology informatics system. This support includes 1) Delivery of Vista Radiology software			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
		enhancements that improve the accuracy of data transmitted between the National Teleradiology Program (NTP) and the local sites, 2) Setup of access to a more robust test environment for end-to-end testing of NTP VistA Enhancements, and 3) Provide VistA support to customers of NTP for VAMCs as they activate NTP Services. A national teleradiology system makes more efficient use of radiologists by redistributing work, pooling on-call duties, and assigning studies to specialists.			
1003290613	Telemedicine (Store and Forward Telepathology Teleaudiology)	Provide enhancements for Store and Forward Telemedicine functionality using the VistA Imaging infrastructure and TeleReader client to include improving telemedicine capabilities and specialty support (such as Telepathology and Home Wound Care).			
1105020604	National Teleradiology Program (SDE Infrastructure)	The purpose of the Veterans Health Affairs (VHA) National Teleradiology Program (NTP) is to provide convenient and cost effective radiologic image interpretation service for VA Medical Centers. Due to the 24x7x356 mission critical operation of the National Teleradiology Program (NTP), there is a requirement to have redundant, fault tolerant LAN and WAN connections within reading centers and from the reading centers to the Sacramento RDPC where the NTP houses its central servers.			

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
1010230605	Clinical Video Teleconferencing (CVT)	Clinical Video Teleconferencing (CVT)--- Based upon VAs existing telehealth capabilities and work undertaken in the FY2010 timeframe, the vision of senior VA leadership is of a transformational increase in VAs Telehealth capacity nationally. This transformational increase will increase VA Telehealth capacity at the end of FY2012 over end-of-year FY2010 levels by 100% for CVT programs (50% annually). The business need is for the development of a national scheduling system to support CVT to ensure that health care providers, locations, and equipment at both ends of the telehealth visit are all coordinated with the patient across different VistA scheduling systems and to provide for workload capture.			
1110240635	Customer Relationship Management_Knowledge Management (CRM_KM) – Fix the Phones	Development of an integrated, customer-centric Customer Relationship Management/Knowledge Management system. This system will improve customer service by providing a variety of integrated access channels to information and services, increasing the accuracy and uniformity of responses to customer requests.			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
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Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
1101130614	Access Received Closer To Home (ARCH) Automated Eligibility Determination							
1103310606	Home TeleHealth (HT) Capabilities Enhancements							
1003150603	National Teleradiology Program							
1003290613	Telemedicine (Store and Forward Telepathology Teleaudiology)							
1105020604	National Teleradiology Program (SDE Infrastructure)							
1010230605	Clinical Video Teleconferencing (CVT)							
1110240635	Customer Relationship Management_Knowledge Management (CRM_KM) – Fix the Phones							

Key Deliverables

Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)
1010230605	M: Planning Stage Complete	CVT review completed	2012-04-13	2012-04-13		210	-140	-66.67%

Section C: Operational Data

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
Total monthly census number of Veterans receiving Home Telehealth care per year.	Number of Home Telehealth patients	Process and Activities - Productivity	Over target	40000.000000	40000.000000	58179.000000	72000.000000	Monthly
Total monthly census number of Veterans living in rural areas receiving Home Telehealth care per year.	Census number of rural Veterans	Mission and Business Results - Services for Citizens	Over target	16500.000000	16500.000000	24409.000000	29000.000000	Monthly
Total monthly number of Home Telehealth patient surveys received per year.	Number of surveys	Customer Results - Customer Benefit	Over target	370000.000000	370000.000000	654041.000000	720000.000000	Monthly
Percentage of Home Telehealth patients each month whose data is linked to VA systems per year.	Number of patients utilizing Telehealth systems	Technology - Information and Data	Over target	40.000000	40.000000	90.290000	92.000000	Monthly
Number of Help Desk Tickets per month reporting missing Clinical Reminders Information.	Number of Help Desk Tickets re: Clinical Reminders	Technology - Quality Assurance	Under target	0.000000	0.000000	0.000000	0.000000	Monthly
Number of Telereader studies read each month towards an annual target of 180,000.	Number of Telereader studies read	Process and Activities - Productivity	Over target	15967.000000	150000.000000	162021.000000	180000.000000	Monthly